

Company Name _____

Position applied for _____

Date _____

APPLICATION FOR EMPLOYMENT

West River Conveyors & Machinery Company is an Equal Opportunity Employer.

NOTE: All statements made by applicants for employment on this application form will be carefully checked for accuracy. We offer equal employment opportunities to all persons without regard to race, religion, age, sex, national origin, or handicap. The use of this form does not mean there are positions open and does not obligate us in any way. This application will remain on active file for a period of ___ months from date of application.

Personal Information

Name (Print) _____ Home or Nearest Phone _____
 Last First Middle

Present Address _____
 _____ If at present address less than one year,
 City State Zip

please give Previous Address _____ Social Security Number ____/____/____

Are you over the age of 18? Yes No If no, employment is subject to verification that you are of minimum legal age.

What languages can you read, speak and write fluently? _____

Are you a citizen of the United States? Yes No If not a U.S. citizen, can you provide Form 1-151 for Form 1-94 as proof that you can legally be employed in the United States? Yes No

Do you now have a valid driver's license or operator's license? Yes No If so, what is the expiration date? _____
 What is your license number? _____ What is the state of issue? _____

Positions applied for _____ How soon could you report to work? _____

Type of employment Full Time Part Time Temporary Rate of pay expected _____

What days and hours if part time? Days _____ Hours _____
 From ()AM ()PM To ()AM ()PM

EDUCATION

Type of School	Name and Address of School	Courses Majored in	Check last year completed				Graduate? Give Degrees	
Elementary			5	6	7	8		
High School			1	2	3	4	<input type="radio"/> Yes <input type="radio"/> No	
College			1	2	3	4	<input type="radio"/> Yes <input type="radio"/> No	

EMPLOYMENT HISTORY

Have you applied for a job with us before? Yes No Have you worked for us before? Yes No

How did you come to apply? Employee Referral Former Employee High School Recruitment College Recruitment
 Newspaper Ad Walk-in Other: _____

Have you ever been bonded? Yes No Have you ever been refused bond? Yes No
 If so, state reason and date. _____

Have you ever been convicted of a crime except a minor traffic violation? Yes No If so, state date, court and place where offense occurred. _____

Have you ever been discharged or requested to resign from a position? Yes No
 If so, please explain. _____

Does present employer know you plan employment change? Yes No
 Why do you desire to make a change? _____

Have you ever held a position of trust (handling money or confidential material)? Yes No

How much time have you lost from work during this past year? _____

For Job Applicant's Use

If any questions answered yes, give details in this space:

Have you been x-rayed for blacklung by a hospital, other medical facility, government, or the Bureau of Mines, under the provisions of the 1969 Coal Mine Health & Safety Act? Yes No

If yes, where? _____ when? _____

How much time have you lost from work during the past year? _____

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I hereby certify that the information given by me in this medical history is true in all respects and I agree that if employed, and it is found to be false in any respect, that I will be subject to dismissal without notice.

I authorize any of the doctors, hospitals, or clinics mentioned above to furnish to the company a complete transcript of my medical records for purposes of processing my application for this employment.

Signature: _____

OCCUPATIONAL TRAINING

From	To	Type of Training - where	Completed

Certifications or Occupational Qualifications:	Certification #:	Years Experience:
1.		
2.		
3.		
4.		
5.		

TYPES OF SAFETY TRAINING

Date:	Type:	Date:	Type:
1.		5.	
2.		6.	
3.		7.	
4.		8.	

MEDICAL HISTORY OF APPLICANT

Date: _____ This information is for company use only - and will not be released to unauthorized persons.

Name: _____ Home Address: _____

1. Name of Doctor(s) normally used? _____

2. Height. _____ 3. Weight. _____

4. Last Physical Exam Date. _____
 Examining Doctor. _____

5. Are you (check one) Right Left handed

6. Have you ever had or do you have now? (Please check at left of each item)

No	Yes	When	Check items that apply to you	No	Yes	When	Check items that apply to you
			Scarlet Fever				Diphtheria
			Swollen or Painful Joints				Rheumatic Fever
			Whooping Cough				Mumps
			Frequent, Severe Headache				Dizziness, Fainting Spells
			Ear, Nose, Throat Trouble				Eye Trouble, Color Blindness
			Chronic or Frequent Colds				Running Ears
			Severe Tooth, Gum Trouble				Hay Fever
			Goiter				Tuberculosis
			Shortness of Breath				Asthma
			Pain or Pressure in Chest				Chronic Cough
			Palpitation, Pounding Heart				Cramps in your Legs
			High or Low Blood Pressure				Frequent Indigestion
			Stomach, Liver, Intestinal Trouble				Gall Bladder Trouble
			Jaundice				Gall Stones
			Tumor, Growth, Cyst, Cancer				Rupture
			Frequent or Painful Urination				Appendicitis
			Kidney Stone or Blood in Urine				Piles or Rectal Disease
			Sugar or Albumin in Urine				Recent Gain or Loss of Weight
			Venereal Disease				Boils
			Bone, Joint, Other Deformity				Arthritis or Rheumatism
			Loss of Arm, Leg, Finger, Toe				Lameness
			Painful or "Trick" Shoulder or Elbow				"Trick" or Locked Knee
			Paralysis (Incl. Infantile)				Foot Trouble
			Nervous Trouble of any Sort				Neuritis
			Any Drug or Narcotic Habit				Epilepsy or Fits
			Excessive Drinking Habit				Coughed Up Blood
							Excessive Smoking Habit

7. Have you ever? (Check each item)

No	Yes	When	Check items that apply to you
			Worn Glasses
			Worn an Artificial Eye
			Worn a Brace or Back Support
			Worn Hearing Aids
			Worn Artificial Limbs

8. Have you ever been refused or rejected employment because of physical, mental, or other reasons? Yes No (If yes, state reason and give details):

Answer each item yes or no: If yes, give details in space provided on previous page.

Have you -----	Yes	No	
If you answer any questions yes, give complete details in space provided on previous page.			
	Ever been denied life insurance?		
	Had an operation or been advised to have an operation?		
	Been a patient (committed or voluntarily) in a mental hospital or sanatorium?		
	Ever had an industrial, occupational disease, injury or ailment?		
	Consulted or been treated by clinics, physicians, healers, within past 5 years?		
	Had heart trouble of any kind?		
	Back trouble of any kind?		
Have you ever received, is there pending, have you ever applied for, or do you intend to apply for pension or compensation, or Workman's Compensation for existing disability?			

PRIOR WORK RECORD (Start with most recent or present employer)

1. Name, Address & Phone of Most Recent Employer: _____ _____ _____ Immediate Supervisor (Name & Position): _____ Date Hired: _____ Starting Rate: _____ Job Title & Position: _____ Date Left: _____ Last Rate: _____
2. Name, Address & Phone of Most Recent Employer: _____ _____ _____ Immediate Supervisor (Name & Position): _____ Date Hired: _____ Starting Rate: _____ Job Title & Position: _____ Date Left: _____ Last Rate: _____
3. Name, Address & Phone of Most Recent Employer: _____ _____ _____ Immediate Supervisor (Name & Position): _____ Date Hired: _____ Starting Rate: _____ Job Title & Position: _____ Date Left: _____ Last Rate: _____
4. Name, Address & Phone of Most Recent Employer: _____ _____ _____ Immediate Supervisor (Name & Position): _____ Date Hired: _____ Starting Rate: _____ Job Title & Position: _____ Date Left: _____ Last Rate: _____

SERVICE IN U.S. ARMED FORCES

Have you served in the U.S. Armed Forces? <input type="radio"/> Yes <input type="radio"/> No	If yes, M/YYYY active duty started: _____
Which service? _____	What branch of that service? _____
Starting Rank? _____	Final Rank? _____
What were your duties? _____	_____

REFERENCES (Do not list relatives or former employers)

Name: _____	Address: _____	Occupation: _____
Name: _____	Address: _____	Occupation: _____
Name: _____	Address: _____	Occupation: _____

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

"I certify that the information given by me in this application is true in all respects, and I agree that if employed and it is found to be false in any way, that I may be subject to dismissal without notice, if and when discovered. I authorized the use of any information in this application to verify my statements, and I authorized the past employers, doctors, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I further agree, if employed, that I am to work faithfully and diligently, to be careful and avoid accidents, to come to work promptly, and I am not be absent for any reason without prior notice to my supervisor, and that employment is terminable at the will of either the employee or employer."

"I agree to be employed on a 90 calendar day probationary period and that I may be dismissed at any time during this period at the discretion of the employer. I agree to submit to a physical examination whenever requested and, if employed, I agree to observe all present and subsequently issued personnel policies and rules. These rules and policies are intended to guide the organization in its relationship with its employees. It is not a contract of employment, and I do not construe it as such. Policies and rules which are issued are not conditions of employment. I understand that the employer may revise policies or procedures, in whole or in part, at any time, with or without notice."

Signature: _____ **Date:** _____

EMPLOYEE INFORMATION FORM

Company: _____

Date: _____

Name (Print): _____
(Last) (First) (MI)

Address: _____
(Street/Box) (City) (State) (Zip)

Home Telephone (including area code): _____

SS#: _____ Date of Birth: _____

Job Title or Description: _____

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Please check one of the following:

Single Married Separated Widowed Divorced

Number of Dependents (including spouse): _____

Name of wife or husband _____ Birth date: _____

Place of spouse's employment _____ Birth date: _____

Name (s) of children _____ Birth date: _____

_____ Birth date: _____

_____ Birth date: _____

_____ Birth date: _____

_____ Birth date: _____

Persons to notify in case of emergency:

1. _____
(Name) (Relationship) (Telephone)

(Address)

2. _____
(Name) (Relationship) (Telephone)

(Address)

Employee Signature